

## General

### Title

Chronic obstructive pulmonary disease (COPD): the relative resource use by members with COPD during the measurement year.

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Measure Domain

### Primary Measure Domain

Related Health Care Delivery Measures: Cost

### Secondary Measure Domain

Related Health Care Delivery Measure: Use of Services

## Brief Abstract

### Description

This measure is used to assess the relative resource use by members with chronic obstructive pulmonary disorder (COPD) by reporting total standard cost and service frequency for all services for which the organization has paid or expects to pay during the measurement year.

Note: Organizations must report the [Use of Spirometry Testing in the Assessment and Diagnosis of COPD \(SPR\)](#) and two [Pharmacotherapy Management of COPD Exacerbation \(PCE\)](#) quality measures when reporting Relative Resource Use for People with COPD (RCO).

### Rationale

How much care costs is an important consideration when choosing a health plan. There is a great demand

for information to help purchasers and consumers determine which organizations offer the highest quality services, along with effective management of those services and low premium or out-of-pocket costs.

HEDIS 2016 includes five measures of relative resource use (RRU) for members with specific chronic and acute conditions:

- Relative Resource Use for People with Diabetes (RDI)
- Relative Resource Use for People with Cardiovascular Conditions (RCA)
- Relative Resource Use for People with Hypertension (RHY)
- Relative Resource Use for People with Chronic Obstructive Pulmonary Disease (COPD) (RCO)
- Relative Resource Use for People with Asthma (RAS)

The measures are a standardized approach to measuring resource use. When evaluated with the corresponding Quality of Care measures, they provide more information about the efficiency or value of services rendered by an organization.

## Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Primary Health Components

Chronic obstructive pulmonary disease (COPD); relative resource use (RRU); standard cost; service frequency

## Denominator Description

Members age 42 years or older by December 31 of the measurement year who had any diagnosis of chronic obstructive pulmonary disorder (COPD), emphysema or chronic bronchitis during the measurement year (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Total standard cost and service frequency counts for all services for which the organization has paid or expects to pay for the eligible population during the treatment period, reported by age, gender and risk group (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

### Additional Information Supporting Need for the Measure

- "Relative resource use (RRU)" measures indicate how health plans use health care resources (e.g., doctor visits, hospital stays, surgical procedures, medications), compared with other plans at the

national and regional levels, and adjusted for their patient population. When combined with HEDIS quality measures, RRU measures reveal value by relating use of health care services to quality.

- The National Committee for Quality Assurance (NCQA) collects RRU data for five chronic conditions that account for a major portion of all health spending: asthma, cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes and hypertension. RRU measures help purchasers identify health plans that deliver high-quality care, while managing associated resources.
- To allow fair comparison of plans, RRU measures feature risk adjustment and price standardization of services. The goal of risk adjustment is to eliminate sources of variation (e.g., age, gender, serious health conditions) that neither health plans nor providers can control. Standardized prices are assigned to each unit of service delivered to patients, covered by health plans and reported by service category (i.e., inpatient hospital care, evaluation and management, surgery and other procedures, diagnostic lab and imaging, prescription drugs) for each condition.
- Purchasers should be most interested in plans that are high in quality and low in resource use.
- Understanding the value of these measures requires both cost and quality information, therefore, quality and resource use should both be considered when reviewing the results from health plans.

## Evidence for Additional Information Supporting Need for the Measure

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

## Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

## Measurement Setting

Managed Care Plans

## Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

## Statement of Acceptable Minimum Sample Size

Does not apply to this measure

## Target Population Age

Age greater than or equal to 42 years

## Target Population Gender

Either male or female

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Aim

Affordable Care

### National Quality Strategy Priority

## Institute of Medicine (IOM) National Health Care Quality Report Categories

### IOM Care Need

Not within an IOM Care Need

### IOM Domain

Not within an IOM Domain

# Data Collection for the Measure

## Case Finding Period

The measurement year

## Denominator Sampling Frame

Enrollees or beneficiaries

## Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

Members age 42 years or older by December 31 of the measurement year who had any diagnosis of chronic obstructive pulmonary disorder (COPD) (COPD Value Set), emphysema (Emphysema Value Set) or chronic bronchitis (Chronic Bronchitis Value Set) during the measurement year

### Note:

Members must have been continuously enrolled during the measurement year.  
*Allowable Gap:* No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.  
Refer to the original measure documentation for a description of the risk adjustment method and steps to assign members of the eligible population to a risk group.

### Exclusions

*Active Cancer.* Members who had any diagnosis of cancer (Malignant Neoplasms Value Set; Other Neoplasms Value Set) with treatment (Cancer Treatment Value Set) during the measurement year.  
*Organ Transplant (other than kidney).* Organ transplant (other than kidney) (Organ Transplant Other Than Kidney Value Set) during the measurement year.  
*HIV/AIDS.* Members who met any of the following criteria during the measurement year:  
At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set), on different dates of service, with an HIV diagnosis (HIV Disease Value Set). Visit types need not be the same for the two visits.  
At least one acute inpatient encounter (Acute Inpatient Value Set) with an HIV diagnosis (HIV Disease Value Set)  
At least one emergency department (ED) visit (ED Value Set) with an HIV diagnosis (HIV Disease Diagnosis Value Set)  
*End Stage Renal Disease (ESRD).* ESRD (ESRD Value Set) during the measurement year.  
*Kidney Transplant.* Kidney transplant (Kidney Transplant Value Set) during the measurement year.

### Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Total standard cost and service frequency counts for all services for which the organization has paid or expects to pay for the eligible population during the treatment period, reported by age, gender and risk group

Standard costs are calculated and reported for the following service categories:

- Inpatient Facility
- Evaluation & Management (E&M):
  - Inpatient Services
  - Outpatient Services
- Laboratory Services
- Surgery and Procedure:
  - Inpatient Services
  - Outpatient Services
- Imaging Services
- Pharmacy

Service frequency counts are reported for the following utilization categories:

- Acute Medicine: Discharges, Days
- Acute Surgery: Discharges, Days
- Nonacute: Discharges, Days
- Emergency Department (ED) Discharges
- Pharmacy Utilization:
  - Name brand only (N1)
  - Name brand–Generic exists (N2)
  - Generic only (G1)
  - Generic name–Name brand exists (G2)

### Note:

The treatment period is the 12-month measurement year.  
Resource use is calculated for all services, whether or not they relate to the chronic condition.

Refer to the original measure documentation for additional information.

### Exclusions

Unspecified

### Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Laboratory data

Pharmacy data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Ratio

## Interpretation of Score

Does not apply to this measure (i.e., there is no pre-defined preference for the measure score)

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial, Medicaid, and Medicare product lines.

Service frequency and standard costs are reported by age, gender, and risk group, across all service categories.

Note: Refer to *Guidelines for Relative Resource Use Measures* in the original measure documentation for additional information.

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Relative resource use for people with COPD (RCO).

### Measure Collection Name

HEDIS 2016: Health Plan Collection

### Measure Set Name

Relative Resource Use

### Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

### Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

### Funding Source(s)

Unspecified

### Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

### Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

### Adaptation

This measure was not adapted from another source.

### Date of Most Current Version in NQMC



2015 Oct

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015.

Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on October 7, 2012.

This NQMC summary was updated by ECRI Institute on June 12, 2013, March 3, 2014, April 9, 2015, and again on April 14, 2016.

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## Production

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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